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DEPARTMENT OF HEALTH

GOVERNMENT OF THE PROVINCE OF ALBERTA

ANNUAL REPORT

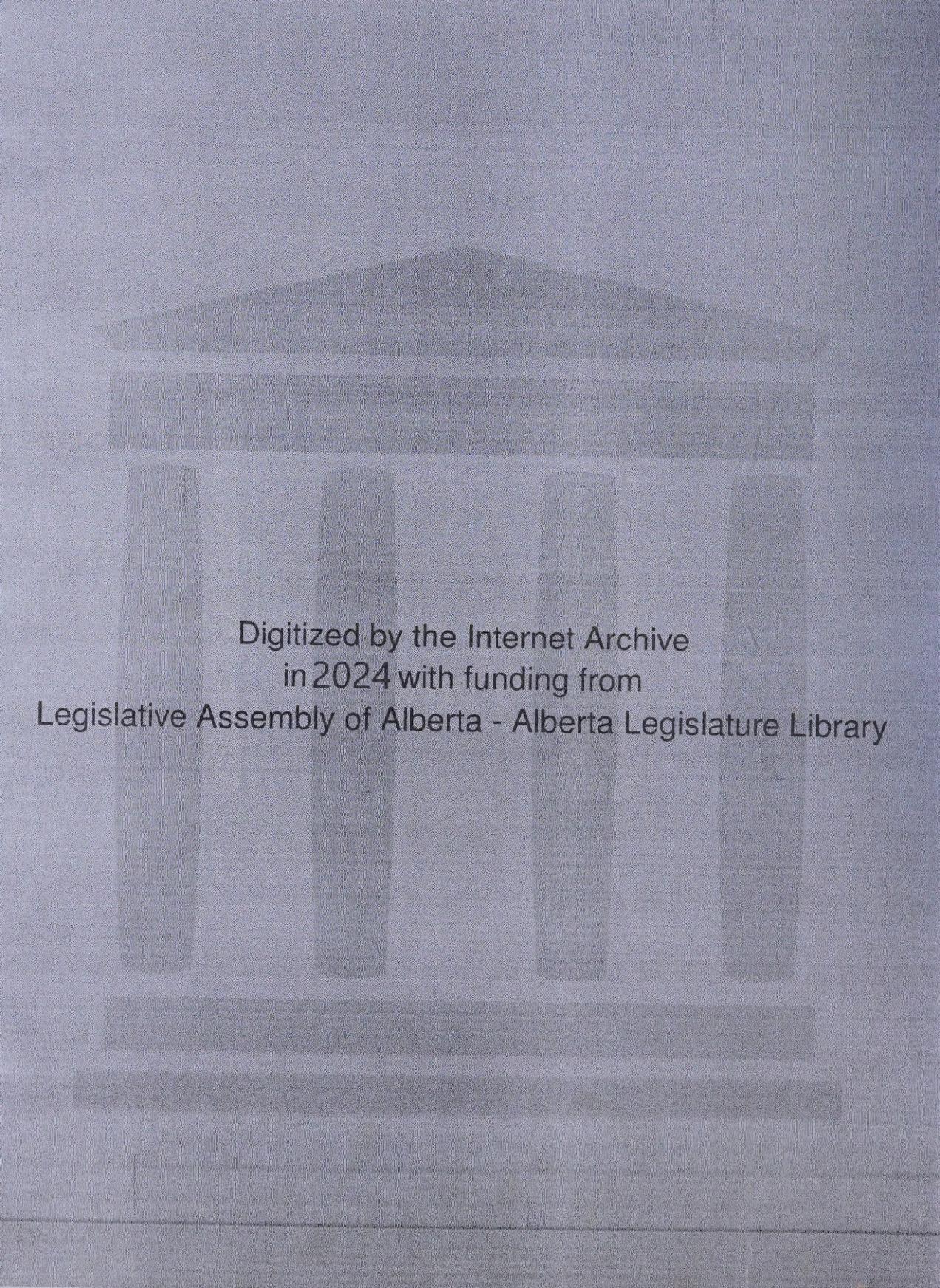
of

THE BOARD OF VISITORS

1968

ANNUAL

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TO THE HONOURABLE DR. J. DONOVAN ROSS

MINISTER OF HEALTH

The Board of Visitors has the honour to
submit its report on Institutions for the year
1968 in accordance with Order-in-Council 2114/66,
dated November 8, 1966.

Ellen Armstrong
Ellen (Mrs. C. T.) Armstrong
Chairman.

Joseph E. LeFort
Monsignor J. E. LeFort
Member.

Edmund J. Thompson
Reverend E. J. Thompson, M.A., Ph.D.
Member.

Nelles V. Buchanan
Chief Judge Nelles V. Buchanan (Ret.)
Member.

Edmonton, Alberta,
December 19, 1968.

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BOARD OF VISITORS

Terms of Reference

1. To investigate annually and submit a report to the Minister of Health, for tabling in the Legislature, on their findings as to the care, treatment and rehabilitation and general attitudes of patients and the general attitude of staff in all institutions administered by the Department of Public Health.
2. To investigate and report on the programs for prevention of disease in these various fields.
3. To submit a report to the Minister regarding such recommendations for improvement of conditions that they feel are desirable.

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ALBERTA HOSPITAL, EDMONTON

COMMENT:

The establishment of a workshop in Edmonton to which patients can go, work and keep in touch with the outside world to which they expect to return, is an important event.

Recreation and suitable work should be regarded as of equal importance with medication or psychotherapy in the rehabilitation of the mentally disturbed.

SUGGESTIONS:

In these days of the multiplication of books and magazines dealing with psychology, psychiatry, care of the mentally ill, the mentally retarded and the mentally damaged, an allowance of \$200.00 per year per institution as a library grant is totally inadequate, if it is expected that professional members of the staff shall at all times be fully informed of developments in their respective spheres.

Professional staff members are unhappy and for several reasons -- one is their isolation from members of their profession. Freedom to practise in their free time, outside the Hospital, has up to now been denied them; consideration should be given to

the lifting of this restriction. This Hospital might well be used for a beginning.

It is commonly thought by qualified psychiatric nurses that registered nurses in practice in active treatment hospitals are inclined to downgrade nurses in the psychiatric practice. If the School of Nursing at this Hospital is to do first class work with its first class staff, it will have to be provided with better quarters and facilities than those now provided.

A great variety of equipment items are purchased from time to time for use in this and other similar institutions, varying from beds to kitchen utensils, dishwashers to brooms, dental chairs to floor polishers. Would an adviser in this area, available to all mental hospitals, not prevent errors in purchasing?

The male staff quarters are ancient and unattractive. One of the inducements for new staff to enroll, and for veteran staff to stay, would be comfortable and attractive quarters.

CRITICISM:

Tuberculosis patients who flee from Aberhart Memorial Sanitorium (familiarly known as elopers or escapees) and under the provisions of the Act are brought before the Court, sometimes find their way

to Alberta Hospital, Edmonton, an overcrowded institution. This practice should cease. They should be returned to Aberhart Memorial Hospital, where there is abundance of room, and where suitable security quarters, if not now existing, can readily be provided.

This Board has repeatedly recommended the appointment of full time, duly qualified, paid chaplains to this and other mental hospitals throughout the province. Active treatment hospitals across the Dominion now recognize the qualified chaplain as a member of the healing team. It is high time that the Mental Division did likewise. An infirmary is under construction at this institution: it is presumed that it includes a Chapel.

Alcoholics still find their way from Courts to this Hospital where there is no suitable provision for their care. The Staff beg to be relieved from this chore which is not one of their normal and accepted functions.

ALBERTA HOSPITAL, PONOKA

COMMENT:

This Board notes with satisfaction that a separate ward for adolescents has been established. At the date of establishment there were found to be forty patients under twenty years of age in the Hospital. Twenty of these mentally or emotionally disturbed teenagers are now being cared for as a group.

The Halfway House and sheltered workshop in the Town of Ponoka, a project of an organized group of interested citizens, have both proven effective schemes for the return of patients to community life. The Directory Board is to be congratulated and thanked.

MORALE OF STAFF:

Staff morale is low, very low.

The medical staff complain of:

- Too few doctors on the staff, severe shortage;
- Little job satisfaction since each member is allotted more patients than he can possibly care for;
- Salaries, when compared to those paid to or earned by doctors and senior staff nursing personnel, in the competitive world, are low;

- A recent salary increase was offset by an increase in house rents;
- The infrequency with which attendance at seminars, conferences and refresher courses is financed at public expense;
- Inadequate supervision by the Division.

The Nursing Staff, Registered Nurses and Psychiatric Nurses complain of:

- The salary scale is not such as to attract applicants or satisfy staff, when the difficulties and the isolation of their work are considered;
- Due to shortage of staff, nurses find themselves doing chores which could be performed by less well trained people, for example, ward clerks, reducing close to zero any job satisfaction;
- The School of Nursing needs an overhaul -- the students should be relieved of the greater portion of their labour, and more time given for classes and study.

COMMENT:

- (1) Laundry vs. Infirmary -- the general opinion of senior staff members, freely expressed, was that the need for an infirmary far exceeded the need for

the laundry, presently under construction.

When Female Wards 7 and 8 were demolished the assumption was that the demolition was to make way for an up-to-date infirmary: nothing has been built on the site. The ground floor premises now being used as an infirmary, though safer than their former third floor location, are overcrowded, ill ventilated, stuffy, totally unsuitable for infirmary use.

(2) Future of Ponoka —

The professional staff are depressed by the repeated rumour that the Hospital's future is to be purely custodial; believing that the frequently used expression "chronic mental patient" is a cruel misuse of words. They firmly believe, as does this Board, that no longer should the Hospital be used for patients requiring nothing more than custodial care (who, in separate institutions, could be adequately cared for at less expense) but solely for the mentally ill, who by proper treatment can be cured and returned to society.

(3) Equipment —

A splendid new dishwasher, urgently required,

has stood in its crate, on the premises,
uninstalled since December 1967; meanwhile,
it was noted, the dishes of some 295 persons,
served by the diet kitchen, were being
washed by hand!

ALBERTA HOSPITAL, CAMROSE

NEW CONSTRUCTION:

The members of the Board of Visitors were delighted to note that construction of the new dormitory building, to house some eighty patients, and the service building containing laundry, boiler room and kitchen, is nearing completion.

The kitchen equipment is of the latest design and finest workmanship. It will delight the dietician whom this Board hopes will soon be located to serve both St. Mary's Hospital and Rosehaven.

MAIN BUILDING:

This one-time Normal School is of sound construction and one would surmise, not likely to be discarded for some years.

It would therefore seem reasonable that:

- (a) bath and shower facilities on the second floor be extended: at present, forty-six patients use three toilets;
- (b) patients be removed from the third floor where bath and shower facilities are also inadequate, and that floor put to other uses. Construction of the new dormitories, and those additionally

planned, makes it unnecessary to take further risk of leaving patients, all over seventy-five years of age, on this third floor;

- (c) Halls now used as patient lounges should be ventilated;
- (d) The entire main floor could well be used by the administrative staff, now cramped for space.

ALBERTA HOSPITAL, CLARESHOLM

NEW CONSTRUCTION:

With the completion of Randall McLean Hall and the Staff Residence there will have been added to this Hospital, excellent space for Occupational Therapy, a splendid hall-gymnasium for recreation and entertainment and staff quarters which may make the retention of staff a lesser problem.

RECOMMENDATIONS:

- (1) It will be futile to provide quarters for Occupational Therapy if no occupational therapist is secured.
- (2) A medical superintendent to serve both Claresholm and Raymond should be sought: if the post is unattractive to a young man it might be of interest to an older man nearing retirement and minded to render public service.
- (3) A social worker functioning both in Claresholm and Raymond would be a valuable and badly needed addition to staff.
- (4) Outdoor space for summer recreational activities is needed: the space formerly devoted to garden crops might well be put to this much more important use.

ALBERTA HOSPITAL, RAYMOND

MAIN BUILDING:

It is suggested that the engineers have recommended demolition. In the opinion of the Board of Visitors, the building, a former School of Agriculture, is of sound construction and in reasonably good condition. In view of more urgent requirements elsewhere it would seem wise to continue the present use of the building for a reasonable period, possibly ten to fifteen years.

If our view is accepted then we recommend that the entire kitchen and washroom areas be completely renovated, not patched. The kitchen for lack of ventilation is an oven for the kitchen staff; the showers and toilets, originally installed for male students, should be thrown out and modern facilities installed.

DINING ROOM EQUIPMENT:

Here and elsewhere in our mental hospitals plates, cups and saucers of plastic, bearing a variety of trade names, are in use. They stain and are difficult, if not impossible to clean. We recommend their use be abandoned and ironstone china of the hotel variety substituted. Cost of breakage would not likely exceed cost of labour involved in cleaning the plastic.

ALBERTA SCHOOL HOSPITAL

OBSERVATIONS AND RECOMMENDATIONS:

(1) Patient load:

At the date of our inspection, July 30, 1968, 875 patients were enrolled, the maximum deemed advisable.

It was stated that the waiting list stood at approximately five hundred, a situation which should not continue indefinitely.

Serious consideration should therefore be given to the provision of additional facilities elsewhere, such facilities to be of a kind and to be located in accordance with accepted modern principles for the training and education of severely, moderately and mildly retarded children.

(2) Swimming Pool:

At the present time the patients are sent in conducted groups to the City of Red Deer's swimming pools, a not entirely satisfactory arrangement. Serious consideration should be given to the construction of a closed pool either for the joint use of the School Hospital and Deerhome, or for the School Hospital only. City schools

throughout the Province of an enrollment not exceeding that of this Hospital are frequently provided with swimming pools: much greater is the need of the patients. Swimming ranks high for therapeutic value. The Hospital's aim is to return patients to Society: as high as fifty have been returned per annum.

(3) Staff Room:

There is a staff room provided, but poorly located in a basement and equally poorly equipped. The retention of staff is a perennial headache for this and other hospitals. This is one place where the staff member's life may be brightened somewhat.

(4) Staff:

The Hospital needs an additional staff medical man, preferably a general practitioner. It also needs additional professional staff if patients are to receive that individual treatment which results in the more extensive discharge of patients into Society. To state the need is but to emphasize the fact that at the present time there are obstacles which must first be surmounted. See Title 10, page 21 of this Report.

LINDEN HOUSE

COMMENT:

Linden House designed for the rehabilitation of emotionally disturbed children has been in operation eight years and may no longer be regarded as merely experimental. It has accommodation for twelve patients of each sex, though on the day of our visit, July 30th last, seven boys and six girls only were enrolled. Patients are largely those referred from Guidance Clinics.

In the opinion of the staff, Linden House is discharging effectively the function for which it was established and in support cite the fact that 90% of their patients are successfully returned to community life.

DEERHOME, RED DEER

IN-HOSPITAL AND OUT-OF-HOSPITAL TRAINING OF STAFF:

At present in-Hospital training of Staff, particularly of the new arrivals on Staff, must be done by regular staff members who are necessarily withdrawn from their normal duties for this additional task. Such withdrawal reduces the effectiveness of staff work, imposes additional responsibilities on those acting as instructors and is frustrating. Qualified instructors should be added to the Deerhome establishment.

The Superintendent is acutely aware of the necessity of up-grading all staff and makes an interesting proposal: why should one institution attempt the in-hospital training of all its staff? Why not let each individual institution choose its subject for instruction and conduct in-hospital schools for that class of employees serving in all institutions?

The supply of instructors in rehabilitation activities such as woodwork, weaving, rugmaking, metal work, is limited. It is suggested that a school in Kingston for the training of such instructors accepts applications only from those under forty-five years of age. It is recommended that the Division consult with

the Institutes of Technology as to providing the desired courses.

PAY FOR THE LABORER:

Both male and female patients go out to work on farms and in the city homes, to employers approved by the placement officer and are paid, though not generally the minimum wage.

Some three hundred of the thirteen hundred and sixty-five patients in Deerhome on July 31st were labouring in hospital departments, laundry, kitchen and grounds. It has been estimated that it would require eighty-seven paid staff employees to replace the labour of these three hundred patients. They are not paid. We recommend that they be paid.

NIGHTINGALE VILLA #6:

Top priority should be given to the installation of louvres on the East, South and part of the North side of this building: excessive sunlight occasions discomfort and suffering to the bed patients -- this, for the third time of asking!

STAFF APPOINTMENTS AND CLASSIFICATION:

By this and other hospitals it is suggested that staff appointments might better be made by the institution and not by the Division; that the Superintendent is the person presumed to know the requirements of the post to be filled and the type of appointee desired. It is further suggested that the Division holds too tight a rein in respect of classification of staff; that some freedom in moving an employee from one classification to another should be granted the Hospital.

SWIMMING POOL VS. CLINICAL BUILDING:

Note the statement on this subject on behalf of Alberta School Hospital. Although the Superintendent grants the need and the value of a swimming pool jointly used by Alberta School Hospital and Deerhome, his own preference as to priority would be given to the construction of a clinical building in the vicinity of the Nightingale Villa in which elementary surgery might be done. In our opinion one is as necessary as the other, but if priority is to be given, the Board votes for the pool.

BAKER MEMORIAL SANATORIUM, CALGARY

APPROACH ROADS:

This institution lies within the limits of the City of Calgary and staff are therefore dependent on the City for maintenance of approach roads. The City is not performing well. From the North side of the bridge to the cloverleaf, around the cloverleaf and until one reaches the road leading directly to the Sanatorium property, the surface is correctly described as in an appalling condition. There are potholes a foot deep. Patching of holes which the City does at fairly regular intervals goes the way of most patching. The road needs paving and needs it urgently.

It is recommended that the Division or its Minister talk persuasively to the City of Calgary. If successful, staffers who drive cars will be happier and may remain on staff longer.

GROUNDS:

Those employees of the Department of Public Works responsible for the upkeep of the grounds, lawns and flower beds are to be complimented. This year the result was spectacular, a source of pleasure to the long term patients.

FENCING:

Our 1967 Report dealt with the necessity of fencing the entire eighty acre property occupied by this sanatorium and the reasons therefor. The property is still unfenced and the necessity is unchanged.

STAFF FACILITIES:

Inability to retain staff is one of the difficulties plaguing all Superintendents. One of the minor and least costly but, to staff, valuable methods of earning goodwill is to provide, and certainly free of charge, parking space and plug-ins when the institution is sufficiently distant from residential areas to call for the use by staff of a car. This is the situation at Baker Memorial where at the present time there are not sufficient plug-ins. The modest expenditure necessary for this improvement would be a good investment in public relations.

CARE OF SOME ONE HUNDRED AND THIRTY-THREE CHILD PATIENTS PHYSICALLY AND MENTALLY IMPAIRED:

The Board of Visitors spent some time among these pathetic patients; they require extensive individual care. Not once did they find a child in other than an immaculate condition, a tribute to the tender and loving care bestowed on their charges by a devoted staff.

ALBERTA MENTAL HOSPITALS -- GENERAL OBSERVATIONS

SALARIES:

Just as long as salary scales covering superintendent to cleaning staff remain as they now are, just so long will the hiring and the retention of high quality staff be impossible: with unpleasant frequency valuable professional and other members of staff seek other employment with higher rates of pay and more attractive working conditions.

Staff psychiatrists and medical doctors are paid in some cases two-thirds or one-half of the earnings of medical doctors and psychiatrists functioning in the same field in the competitive world.

Matrons likewise are underpaid and while the Division seems willing to retain these people at present rates, in our view, it would be difficult to fill their places without an increase in salaries.

PERSONNEL ADMINISTRATION:

Complaint was made that on occasions when a certain classification cannot be filled and is left vacant, that classification later on is dropped from the establishment with the result that the department or area from which the classification has disappeared then functions

understaffed. This was deemed both unwise and unfair.

IRRITATIONS IN THE LIVES OF PROFESSIONAL STAFF:

Since retention of professional staff is of the utmost importance to the successful operation of our mental institutions one wonders why the Division doesn't grasp opportunities to cultivate their goodwill -- e.g. why are ample and free parking stalls not provided where distance makes the use of a car to get to work imperative? Why are medical staff not urged to get out of their isolation more frequently to attend conventions and seminars where they will mingle with their peers and on a paid basis? Why are professional staff not generously provided with books and magazines essential to any live professional person?

It seems extraordinary that public funds should be lavishly expended on new structures while at the same time operating costs of existing institutions are unwisely curtailed on the stated ground of inadequate funds.

The staff of these institutions cannot and should not be handled as are the staff of commercial and industrial institutions. The very nature of the employment in mental hospitals makes unusual demands upon employees, demands which are absent in commerical and industrial institutions.

MIXING VARIETIES OF PATIENTS:

The Visiting Board are of the opinion that the treatment of those mental patients whose condition undoubtedly lends itself to genuine improvement or complete cure should not be threatened by the presence in the same institution or ward of alcoholics, or elderly senile patients needing custodial care only, or tubercular cases. A patient whose mental condition is temporary, demanding urgent treatment by a psychiatrist can well be seriously damaged if confronted by the scene met in some of the large wards inhabited by a mixed group of senile, lethargic immobile patients. We refer in particular to Alberta Hospital, Edmonton, and Alberta Hospital, Ponoka.

Despite the recommendation of the Board in 1966 and in 1967, we find that Courts continue to send remands and the criminally insane to Alberta Hospital, Edmonton. We deem it appalling that the criminally insane should share the same facilities as the mentally ill, and we again recommend that a separate unit be established to care for the criminally insane and for those that are remanded.

ALBERTA GUIDANCE CLINIC, GRANDE PRAIRIE

PREMISES AND EQUIPMENT:

The new premises occupied by this clinic are ample, generously so. The same cannot be said of the equipment. Two staff members have no office equipment -- desks, bookcases, clothesracks are required.

STAFF:

The Director-Psychologist in charge, has on his staff four bright and qualified young men -- two social workers and two psychologists -- But he'll not have them long -- overtures to one at a handsome increase in salary are already being made and that situation generally (not always) means a loss for the institution.

NEEDS:

- A full-time psychiatrist.
- A better library.
- A more generous policy for staff representation at conventions and seminars -- refresher courses and at public expense.
- Independence: the size of the Peace River area which this Clinic is seeking to serve justifies their independency as a regional establishment,

an event which would undoubtedly be a relief to the staff of the Edmonton Guidance Clinic. At present the Grande Prairie Clinic may be said to function in the preventive field -- acute cases getting to Edmonton in any event. Statistics are impressive: in one year,

324 cases at Grande Prairie

163 cases at Peace River

127 cases at High Prairie

21 cases at Fairview

17 cases at Spirit River and Rycroft.

ALBERTA GUIDANCE CLINIC, EDMONTON

COMMENT:

Of this Clinic it may fairly be said that the morale of its staff is high and the operation as a whole, most effective.

A SUGGESTION:

Here, as elsewhere, one is faced by the question as to the proper role of the Clinic and of its staff. That question is accentuated by reason of the peculiar relationship between Glenrose Provincial Hospital and the Clinic, a relationship which as recommended in previous Reports, we believe should be severed and the Clinic made completely independent.

CONTINUING EDUCATION:

In our discussion with staff great stress was placed upon the importance to professional staff of frequent attendance at conventions, seminars and refresher courses, a necessity if they are to keep in touch with modern thinking. Would not sabbatical leave after ten years be as valuable here as in a University?

REPRESENTATIONS BY STAFF:

(1) Holiday time of ^{three} weeks prevails with twenty years' employment required to qualify for four weeks. The nature of the work, its severe demands, justify a full month's holiday and after two or three years employment.

(2) The library is inadequate.

(3) The salary scale for psychologists and social workers needs upward adjustment.

(4) A sub-office should be established in Camrose at which a psychiatrist from the Edmonton Clinic would attend monthly.



ALBERTA GUIDANCE CLINIC, RED DEER

NEW QUARTERS:

On October 1st the Clinic moved into new quarters at 306 Professional Building, containing one hundred less square feet but more important, served by an elevator, a much needed service.

That portion of the new offices adapted for soundproofing have been sound proofed, lack of it a shortcoming in the previous Clinic location. New cupboards, a welcome provision, have been installed.

The waiting room furniture has done good service and should be retired and more suitable and more attractive furniture substituted.

WORK LOAD:

A survey of staff work for the first seven months of the year would indicate that the activities of the Clinic director (psychiatrist), the two psychologists and the social worker are over-extended.

In the seven-month period: 370 new cases, 133 re-registrations, 1,355 patient hours, 924 collateral interviews.

The Director attends at Deerhome one-half day per week as consulting psychiatrist. A psychologist and social worker contribute as lecturers to the Deerhome staff-training program. Red Deer police cells, assessing for Bowden Institute, referrals from government and community agencies, Canada Manpower, the John Howard Society, the Department of Youth, all contribute to the total work load of the Clinic Staff.

ALBERTA GUIDANCE CLINIC, CALGARY

AUTISTIC SCHOOL:

This is the most interesting development encountered by the Board of Visitors in its 1968 inspections.

Autistic children are sometimes referred to as defectives, not an accurate term. The term autistic applied to the child, indicates a lack of motivation, both mental and physical. The cause for the condition is obscure, maybe organic injury, maybe not. Autistic children come from a variety of homes, from a cross-section as to parentage.

A school for autistic children has been set up at the initiative of the Guidance Clinic on the grounds of the Sick Children's Hospital, with a present enrollment of fourteen. As an example of the co-operative spirit in action, it is remarkable. The building is supplied by the Calgary School Board as are two of the teaching staff; the administrator of the Sick Children's Hospital furnishes the site and the services of a speech therapist; the clinic psychiatrists give the expert professional guidance for the re-training

of the children and Calgary citizens supply volunteer helpers.

One lack, capable of remedy: there are some of the autistic children, all clinic patients, for whom a nightly return to the home environment is disastrous and who should be retained at the Sick Children's Hospital nightly. It is recommended that arrangements be made with the administrator of the Hospital for the permanent allocation of six beds for the Autistic School.

As this venture proceeds, and if it accomplishes what its originators believe it will, the Autistic School may well serve as a model for similar schools under the direction of the Division of Mental Health.

ALBERTA GUIDANCE CLINICS, LETHBRIDGE AND MEDICINE HAT

LETHBRIDGE:

The former Director, before his departure to the Tranquille Institution at Kamloops, B.C., described the new Clinic headquarters as "wonderful, ideal, and readily accessible to patients". This Board agrees.

With the former Director's departure, further responsibility falls on the senior psychiatric social worker. His salary should promptly be increased to match his responsibilities.

The former Director prided himself on the fact that relations between the Clinic and Medical Health Officers, the Family Courts, the police, were excellent.

The work load of the clinic is growing. The total of cases handled as of the end of June 1968, equalled the total cases handled to the end of August in 1967.

MEDICINE HAT:

This Guidance Clinic, generously and impressively housed in the Provincial Public Building, is subsidiary to the Guidance Clinic at Lethbridge. The former Director

spent one week per month there, cases being prepared in advance, for his attention, by the psychiatric social worker in charge. Since the former Director's departure from Lethbridge, three members of the Lethbridge staff attend at Medicine Hat on the first and third Wednesdays of the month.

For the Clinic, necessary visits to the homes of patients are made by the Public Health nurse.

In view of the shortage in staff at Lethbridge it is recommended that consideration be given to making Medicine Hat Clinic an independent unit, dependent of course, on the securing of a psychiatrist and psychologist. There were one hundred and three new cases at Medicine Hat in 1967. The securing of a psychiatrist for Lethbridge must have priority over Medicine Hat needs.

ALBERTA GUIDANCE CLINICS, GENERAL STATEMENT

STAFF ISOLATION:

Too much emphasis can't be put on the desirability of attendance by professional staff at seminars, refresher courses, conventions, designed to keep them informed on the trends, developments, and new ideas, affecting their particular specialty.

There seems to have been a tendency over the years to confine the staffs of the various Hospitals and of the Guidance Clinics, to their own institution. Obviously the tone and morale of staffs would be raised somewhat were opportunities given for mingling, for the sharing of ideas, and of improvements in methods.

ROLE OF GUIDANCE CLINICS:

There seems to be uncertainty among Guidance Clinic Staffs as to their role and as to their relations with School Boards, Public Health Units, various social agencies.

The wisdom of sending out teams of professional people to towns, villages and rural areas has been questioned: is it a waste of the efforts of expert folk

who are in short supply? Although it is obvious that the services of the Clinic are just as needful in rural areas as in urban, one must ask: do these expeditions by teams of experts to rural areas accomplish their purpose insofar as the treatment of the individual patient is concerned? What action follows the diagnosis by the team?

A study of the role of Guidance Clinics and of the present activities of their staffs is recommended.

SOME QUESTIONS AND COMPLAINTS:

It is important to note that throughout the Clinics, as with the Hospitals, the thinking, the questions, the criticism by staff are of a uniform pattern.

Queries:

- (a) Should staff be allowed to earn fees for private work outside normal working hours?
- (b) Why is the library annual allowance so niggardly?
- (c) When will it be realized that mediocrity will always mark the majority of professional staffs while salaries remain as they now are. By recent increases Saskatchewan and B.C. do better.

- (d) Why is there not some co-ordination among Clinics, promotion of staff throughout the service, not per unit, a sharing of ideas?
- (e) Why are not members of professional staffs treated as generously as are members of active treatment hospitals and encouraged to attend gatherings, conventions and seminars of their particular profession?
- (f) When additions to staff are being sought why does the Division of Mental Health insist on doing the advertising and the hiring? Hospital and Clinic superintendents and directors are both able and willing to assume this responsibility. At present, as much as two months can elapse between the receipt of an application and its processing with the result that an applicant is frequently lost.

ABERHART MEMORIAL SANATORIUM, EDMONTON

BUILDING:

Since the incidence of tuberculosis is declining in this Province as elsewhere in Canada, it is to be expected that the three hundred and ninety-five beds originally provided, and now reduced to 267 beds, will no longer be required for the treatment of T.B. patients and that is the present situation.

On September 27, 1968, the date of the Board's visit, 137 of the 267 beds were unoccupied. It is suggested that the building is not so planned as to permit the closing of one floor.

Thought should be given to the full user of this building. Is it feasible to handle the problem as has been done at Baker Memorial Sanatorium, Calgary? Could the spare 137 beds be used to relieve the congestion at Oliver by setting up at Aberhart special wards for a class of mental patients requiring urgent, but expectantly, brief psychiatric care? They would be convenient to psychiatric staff.

ABSCONDING PATIENTS:

These are not numerous, approximately four

to eight per annum.

Adequate provision for the recovery of these patients is contained in Sections 6 to 19 of the Tuberculosis Act, R.S.A. 1955, Chapter 347 as inserted by 1958, Chapter 90, Section 3. After proceedings before a Court these recalcitrant T.B. patients end up at Alberta Hospital, Edmonton, an institution where they certainly do not belong. As recommended in Section 1 of this Report, these escapees should be returned to Aberhart, where, if necessary, security quarters should be provided for them.

CEREBRAL PALSY CLINIC, CALGARY

BUILDINGS AND FACILITIES:

In limited space a great deal of work is being done here. Three hundred and fifty out-patients under treatment with a maximum of 57 to 60 per day in attendance at the Clinic.

The Clinic functions in a main building and one portable school room. There is no room for extension and extension on this small site (exceedingly small when compared with the generous space allocated to S.A.I.T. parking) is certainly not recommended. An entirely new centre is the solution for today's unsatisfactory quarters with two sites under discussion: (1) on the grounds of the Sick Children's Hospital, or (2) as part of the proposed Medical Centre at the Foothills Hospital.

The Clinic's most urgent staff need is for a speech therapist.

CANCER CLINICS, EDMONTON, CALGARY AND LETHBRIDGE

In view of the establishment by The Cancer Treatment and Prevention Act, Statutes of Alberta 1967, Chapter 7 of the Provincial Cancer Hospitals Board, with not less than seven and not more than eleven members, into whose hands is put the operation of cancer hospitals and outpatient clinics for the diagnosis and treatment of cancer, in this Province, and in view of the phraseology of the Order-in-Council under which this Board of Visitors functions, we make no report under this heading.

ACKNOWLEDGMENTS

Once again the Board of Visitors expresses to the administrative staff of the Department of Health, to the superintendents, directors, matrons and, in fact, all employees of the institutions and clinics for their courtesy and co-operation in assisting the Board to discharge its duties.

We forbear any eulogy of the devotion which the staffs of these institutions uniformly bring to the care of the patients entrusted to them inasmuch as on many occasions it was directly or by inference indicated to us that the thanks of this Board and of the Department of Health would be more realistically expressed by improvement in salaries and working conditions than any words.

Ellen Armstrong
Ellen (Mrs. C. T.) Armstrong
Chairman

Joseph E. LeFort
Monsignor J. E. LeFort,
Member

Edmund J. Thompson
Reverend E. J. Thompson, M.A., Ph.D.
Member.

Nelles V. Buchanan
Chief Judge Nelles V. Buchanan (Ret.)
Member.

LOWE-MARTIN No. 1137.

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